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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Adeyinka Adedeji			Docket No. 08CN8849-4
Serial No. 10/063,365	Filing Date April 16, 2002	Examiner Short	Group Art Unit 1712
Invention: High Flow Polyphenylene Ether Formulations with Dendritic Polymers			
<p>I hereby certify that this <u>Amendment (14 pgs.) Terminal Discl. (1 pg.), Transmittals, Cert. of Facsimile</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9310</u>)</p> <p>on <u>June 11, 2003</u> (Date)</p> <p>_____ Connie Wussow (Typed or Printed Name of Person Signing Certificate)</p> <p>_____ (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 08CN8849-4		
Applicant(s): Adeyinka Adedeji					
Serial No. 10/063,365	Filing Date April 16, 2002	Examiner Short, Patricia A.	Group Art Unit 1712		
Invention: High Flow Polyphenylene Ether Formulations with Dendritic Polymers					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36 -	36 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	2 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0862 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: June 11, 2003</div></div> <div style="margin-top: 20px;"> Signature</div> <div style="margin-top: 10px;">Leah M. Reimer Registration No. 39,341 Customer No. 23413</div>					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">Signature of Person Mailing Correspondence</p><p style="text-align: center;">VIA FACSIMILE</p><p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p></div>					
CC:					